



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND  
2050 WORTH ROAD, SUITE 10  
FORT SAM HOUSTON, TEXAS 78234-6010

REPLY TO  
ATTENTION OF

MCHS-IS

29 May 2002

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

1. The DQFAST met in Room 107, Patient Administration Systems  
and Biostatistics Activity (PASBA) Conference Room,  
Building 126, at 0900 on 21 May 2002.

a. Members Present:

COL Halvorson, Team Leader, PASBA  
MAJ Wesloh, PASBA  
CPT Briggs-Anthony, PASBA  
Ms. Leaders, TRICARE Operations Division  
Ms. Mandell, PASBA  
Ms. Bacon, AMPO  
Ms. Robinson, PASBA  
Mr. James, PASBA  
Mr. Padilla, RM  
Mr. Thompson, Internal Review

b. Members Absent:

COL Jones, ACoFS (HP&S)  
LTC Dolter, Outcomes Management  
LTC Starcher, PASBA  
MAJ Griffith, RM  
MAJ Stewart, MEDCOM PAD  
MAJ Shahbaz, OTSG (Decision Support Cell)  
MAJ Burzynski, OTSG (IMO)  
Ms. Cyr, ACoFS (PA&E)  
ACoS Personnel Representative

c. Others Present:

LTC Patrin, MEDCOM Clinical Services  
MAJ Ruiz, Representing ACoS (HP&S)  
Ms. Jones, Representing RM

MCHS-IS

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

Ms. Price, OTSG  
Mr. Fannin, Internal Review  
Mr. Bacon, PASBA

2. Opening Remarks. None

3. Old/Ongoing Business.

a. Approval of Minutes. The March minutes were approved with the following corrections.

(1) On page 5, paragraph c, subparagraph 7, the hyperlink address for enclosure 6 was stated as "http://www.pasba.amedd.army.mil/dqfas/Resources/BBPFtRiley0203.pdf" when it should have stated "http://www.pasba.amedd.army.mil/dqfas/Resources/DQFAST0204E6.pdf"

(2) On page 5, paragraph c, subparagraph 7, the hyperlink address for enclosure 7 was stated as "http://www.pasba.amedd.army.mil/dqfas/Resources/BBPFtStewart0204.pdf" when it should have stated "http://www.pasba.amedd.army.mil/dqfas/Resources/DQFAST0204E7.pdf"

b. DQFAST Metrics (exceptions only).

The No Show/Cancellation metric (**Enclosure 1**) addresses three patient appointment areas: No Shows, Cancelled by Facility, and Cancelled by Patient. The medical command (MEDCOM) representative contacted the Clinical Operations Section at MEDCOM, and they had no knowledge of any guidance or policies that address missed patient appointments. There was much committee discussion on the pros and cons of the No Show/Cancellation metric. The committee decided to make several changes to this metric. **Decision: Walk-in patients will be excluded from this metric computation. The scale for this metric will also change. The Cancelled by Patient scale will now be: Green= <5 percent, Amber= 5.1 percent-7.5 percent, and Red= >7.5 percent. The Cancelled by Facility will now be: Green= <3 percent, Amber= 3.1 percent-4.5 percent, and Red >4.5 percent. The No Show scale will now be: Green= <5 percent, Amber 5.1 percent - 7.5 percent, and Red= >7.5 percent.**

MCHS-IS

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

c. Data Quality Management Control Program (DQMCP) Issues.

(1) DQMCP, New Issues. There were no new issues to discuss.

(2) Coding Update.

(a) There was a video teleconference with Optometry and Ophthalmology to discuss coding issues. They had a number of questions about documentation to support coding.

(b) There was a coding video teleconference on Monday, 22 April 2002, for all Army medical treatment facilities (MTFs).

(3) Hiring of Coders.

(a) The passwords for internet coding training for coders are still being distributed and should be completed by the end of this week.

(b) The PASBA coding consultant will contact the 3M Corporation and let them know the total number of slots needed, which are approximately 4,500. This will allow all doctors to log-on and take the training. **Decision: There are a sufficient number of slots available for all physicians to take the training. The PASBA coding consultant will let the 3M Corporation know the total number of slots needed. This will include the physicians, physician assistants, and other allied health professionals.**

(4) Medical Expense and Performance Reporting System (MEPRS) Expense Assignment System IV Update.

(a) The Army MEPRS Program Office (AMPO) representative requested a copy of the Government Accounting Office report number 99-39. Brigadier General Granger mentioned this report at the PASBA Data Quality Workshop, on 15-16 May 2002. **Decision: A copy of this report will be forwarded to AMPO and a copy will be placed on the PASBA website.**

(b) The AMPO representative announced that there are still seven slots available for the MEPRS Application Data Improvement Workshop on the 13-15 of August 2002.

MCHS-IS

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD Success Team (DQFAST)

(c) The AMPO has started data analysis of MEPRS data and are preparing summary reports. The reports will address trend analysis and reviews of the MEPRS data. The medical centers will be done first and then the remaining facilities by Defense Medical Information System Identification (DMISID). The AMPO has already received positive feedback on the reports from facilities.

(d) There will be an Expense Assignment System (EAS) IV Repository training class on 22 July at Fort Sam Houston.

(e) The AMPO representative stated that there is a standard query on the EAS IV repository that will track negative expenses. Many facilities are not making use of this report capability. **Decision: The committee will monitor and report on this negative expense report to The Surgeon General.**

(f) With the last EAS IV release, Version 2.3, there were some changes in the allocation process. This will necessitate that all facilities reprocess FY 01 and 02 data. This will give a more accurate unit service cost figure. Currently, the plan is to give facilities a 90-day suspense (to be approved by the Tricare Management Activity (TMA)). This reprocessing will not change the current month report timeline requirements.

(g) The MEDCOM TRICARE representative stated that the request from TRICARE Europe for 181 additional DIMISIDs was disapproved. There will be a single DIMISID for the non-catchment area of Europe

(5) DQMCP Trends Update.

There were negligible variations in all areas of the DQMCP Combined Report (**Enclosure 2**) except coding. Outpatient coding has shown a slight decline across the board. Part of this decline is due to the fact that from month to month different clinics, as opposed to the entire hospital, are being monitored at various hospitals. It was also felt that with the additional coders the audit process is improving, thereby identifying more errors. **Decision: The PASBA will place a coding audit worksheet and other auditing tools on its website.**

MCHS-IS

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

(6) DQMCP Update. The latest DQMCP results have been forwarded to TMA. The next brief to The Surgeon General may not be until the end of June. When the After Action Report on the PASBA Data Quality Workshop is provided to Brigadier General Granger, he will be asked who should be briefed on the DQMCP report after his departure.

(7) DQMCP Best Business Practices. None to report this month.

d. Data Quality Training and Initiatives.

(1) The PASBA Data Quality Workshop for the Great Plains and South East Regions was conducted on 15-16 May 2002. The next Data Quality Workshop will be for the North Atlantic Regional Medical Center area, in the first week of September 2002.

(2) A member noted that both Brigadier General Granger and Colonel Clark suggested the PASBA Data Quality Workshop be presented at any regional medical center conferences.

(3) The AMPO representative noted that at the Association of the United States Army (AUSA) conference a number of individuals had very positive comments on the MEPRS Early Warning and Control System presentation.

(4) The suggestion was made to incorporate some of the presentations that were made at the AUSA conference, with an executive level perspective, into the PASBA Data Quality Workshop.

e. Data Quality in the Balkans.

(1) There are continuing problems with Bosnia and Kosovo with the Patient Accounting & Reporting Realtime Tracking System (PARRTS). Personnel in Bosnia continue to report their PARRTS information on manual data sheets and send them to PASBA for input. Personnel in Kosvo continue to send their data to PASBA by electronic mail and PASBA enters their data into the system.

MCHS-IS

SUBJECT: Minutes of the Medical Command Data Quality for AMEDD  
Success Team (DQFAST)

(2) There have been some problems with collecting World Wide Workload (WWR) information from deployed units when they are not on the Composite Health Care System. The PASBA is taking the information from the Patient Status Report (PSR) and extracting the necessary data to compile a workload report. The goal is to develop a template that will capture the PSR and the WWR data. This will be presented when unit training is conducted.

(3) Units will be rotating in and out of Bosnia, Kosovo, Kuwait, and Uzbekistan in the June timeframe. A PASBA representative will be going to Fort Dix to train some deploying units on PARRTS. Timely identification of deploying units is still a concern. **Decision: The PASBA is trying to establish better lines of communications with MEDCOM Operations.**

4. New Business. The MEDCOM Internal Review representative stated that their office will be going to Fort Bliss and Fort Carson in the near future to review their medical facilities data quality efforts.

5. Deferred Issue--None.

6. The meeting adjourned at 1010. The next meeting will be 18 June 2002 at 0900.

2 Encls  
as

/s/  
JAMES A. HALVORSON  
COL, MS  
DQFAST Team Leader

DISTRIBUTION:  
1-Each Committee Member